

PART B - FEE(S) TRANSMITTAL

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22850 7590 11/06/2007

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/566,968	02/02/2006	Hideji Wakabayashi	285445US2PCT	9436

TITLE OF INVENTION: COMMUNICATION TERMINAL AND COMMUNICATION SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	02/06/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
TRINH, SONNY	2618	370-342000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1 <u>Oblon, Spivak,</u> 2 <u>McClelland, Maier</u> 3 <u>& Neustadt, P.C.</u>
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)
MITSUBISHI DENKI KABUSHIKI KAISHA Tokyo, JAPAN

The document has been filed for recordation as set forth in § 3.11

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)
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<input checked="" type="checkbox"/> Advance Order - # of Copies _____ - 1 -	<input checked="" type="checkbox"/> The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number <u>15-0030</u> (enclose an extra copy of this form).

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FEB 04 2008

Authorized Signature

Date

James H. Knebel

Typed or printed name

Registration No.

Registration No. 22,630

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